

TACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT 25-SEP-2015		TIME 21:04:00		2. ADDRESS OF OCCURRENCE 906 N CENTRAL PARK AVE CHICAGO, IL 60651				3. LOCATION CODE 290		4. BEAT/OCCUR 1112								
MEMBER INVOLVED <input type="checkbox"/> DNA SUBJECT INFORMATION	5. POSITION 9161	6. LAST NAME CHOATE	7. FIRST NAME HEATH A	8. STAR NO. 10941	9. SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	10. RACE CODE WHI	11. AGE 58	12. HT. 5'8"	13. WT. 240									
	14. DATE OF APPT. 02-JUL-2012	15. EMPLOYEE NO. [REDACTED]	16. UNIT & BEAT OF ASSIGNMENT 011 1123	17. DUTY STATUS <input checked="" type="checkbox"/> On Duty <input type="checkbox"/> Off Duty <input type="checkbox"/> 01 Yrs <input checked="" type="checkbox"/> 02 No	18. MEMBER INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No												
	20. LAST NAME ANDERSON	21. FIRST NAME JAMES	22. M.I. [REDACTED]	23. SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	24. RACE BLK	25. D.O.B. [REDACTED]	26. HT. 5'10"	27. WT. 150										
	28. SUBJECT ALLEGED INJURY? MOUNT SINAI HOSPITAL		29. TELEPHONE NO. [REDACTED]	30. WAS SUBJECT ARMED? KNIFE/OTHER CUTTING INSTRUMENT? KNIFE/OTHER CUTTING INSTRUMENT	31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	32. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No												
	33. WHERE WAS MEDICAL TREATMENT OBTAINED? MOUNT SINAI HOSPITAL		34. BY WHOM? [REDACTED]	35. CONDITION <input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized	36. CHARGES PLACED [REDACTED]	37. CB NO. 00000000	IR NO. [REDACTED]	DNA										
	REASON FOR USE OF FORCE (Check all that apply)	38. SUBJECT'S ACTIONS DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> STIFFENED (DEAD WEIGHT) <input type="checkbox"/> OTHER _____		39. MEMBER'S RESPONSE MEMBER PRESENCE <input checked="" type="checkbox"/> VERBAL COMMANDS <input type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> WRISTLOCK <input type="checkbox"/> ARMBAR <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHEMICAL WEAPON <input type="checkbox"/> W/AUTHORIZATION <input type="checkbox"/> OTHER _____		40. ASSAULTANT RESISTER FLED <input type="checkbox"/> PULLED AWAY <input type="checkbox"/> OTHER _____		41. ASSAULTANT ASSAULT IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/> OTHER _____		42. ASSAULTANT BATTERY ATTACK WITH WEAPON <input checked="" type="checkbox"/> ATTACK WITHOUT WEAPON <input type="checkbox"/> OTHER _____		43. ASSAULTANT DEADLY FORCE USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input checked="" type="checkbox"/> WEAPON <input type="checkbox"/> OTHER _____						
WEAPON DISCHARGE INCIDENT	44. OC/CHEMICAL WEAPON AUTHORIZED BY (NAME) [REDACTED]			45. ADDITIONAL INFORMATION														
	POSITION [REDACTED]			46. LIGHTING CONDITIONS Indoors <input checked="" type="checkbox"/> Outdoors <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 02 Night <input type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial														
	47. WEATHER CONDITIONS CLEAR																	
	48. WEAPON TYPE 01 REVOLVER <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER <input type="checkbox"/>			49. INCIDENT OCCURRED <input checked="" type="checkbox"/> Indoors <input type="checkbox"/> Outdoors			50. MAKE/MANUFACTURER [REDACTED]			51. MODEL [REDACTED]			52. BARREL LENGTH [REDACTED]			53. CALIBER/GAUGE [REDACTED]		
	54. TASER DART ID NO. [REDACTED]			55. WEAPON SERIAL NO. (Include Letters) [REDACTED]			56. CHICAGO CUN REG. NO. [REDACTED]			57. IL. FIREARM OWNER ID. NO. [REDACTED]			58. HANDGUN CERTIFICATE NO. [REDACTED]					
	59. SPECIAL WEAPON CERTIFICATE NO. [REDACTED]			60. PROPERTY INVENTORY NO. [REDACTED]			61. TYPE OF AMMUNITION USED [REDACTED]			62. NO. OF WEAPONS DISCHARGED BY THIS MEMBER [REDACTED]			63. TOTAL NO. OF SHOTS MEMBER FIRED [REDACTED]					
	64. WHO FIRED FIRST SHOT <input type="checkbox"/> 03 OTHER (Specify) 01 MEMBER <input type="checkbox"/> 02 OFFENDER			65. WAS FIREARM RELOADED DURING INCIDENT 01 YES <input type="checkbox"/> 02 NO <input type="checkbox"/>			66. NO. OF CARTRIDGES/SHOT SHELLS RELOADED [REDACTED]			67. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 03 OTHER (Specify) 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST)			68. DID MEMBER USE SIGHTS 01 YES <input type="checkbox"/> 02 NO <input type="checkbox"/>					
	69. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) [REDACTED]			70. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED 01 0 - 05 FT <input type="checkbox"/> 02 06 - 10 FT <input type="checkbox"/> 03 10 - 15 FT <input type="checkbox"/> 04 OVER 15 FT <input type="checkbox"/>			71. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN <input type="checkbox"/>			72. POSITION OF MEMBER DISCHARGING WEAPON 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY) [REDACTED]								
	73. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS & LT./DIST. OF OCCUR. NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS/DIST. OF OCCUR & OCIC												74. CASE INFO. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.					
	75. SIGNATURES 75. REPORTING MEMBER (Print Name) SLECHTER, SCOTT M 26-SEP-2015 02:34:47												76. REVIEWING SUPERVISOR (Print Name) FLETCHER, CHRISTOPH D 119					
Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.												77. RD. NO. HY438368						
78. DATE REVIEWED 26-SEP-2015 02:55:07												79. TIME 100# 1677328						

LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3) ALL INCIDENTS INVOLVING THE DISCHARGE OF IMPACT MUNITIONS BY A DEPARTMENT MEMBER; 4;) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HEREIN 1 THROUGH 3

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS

76. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE DNA REFUSED INTERVIEW NOT CONDUCTED (Specify Reason)

Subject Deceased

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

Based on the facts available at this time, it is the preliminary determination of the undersigned that Officer CHOATE acted in compliance with Department policy.

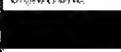
77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO / CRNO 1077328 OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)
FLETCHER, CHRISTOPH D

SIGNATURE


DATE COMPLETED **26-SEP-2015** TIME **02:56:04**

79. TOTAL TIRS THIS EVENT No.

4